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TO: EXAMINER ANNE R. KUBELIK
FROM: KATHRYN LAPPEGARD
RE: U.S. PATENT APPLICATION SERIAL NO. 09/374,967
ATTORNEY DOCKET NO. 0884
DATE: 09/26/03 FAX NUMBER: (703) 872-9306
NUMBER OF PAGES FOLLOWING THIS SHEET: 10

COMMENTS:

TRANSMISSION INCLUDES THE FOLLOWING:

Certificate of Transmission (1 Page)
Transmittal Form (1 Page)
Fee Transmittal for FY 2003 (1 Page)
Petition for Extension of Time (1 Page)
Amendment (6 Pages)

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Date


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Kathryn K. Lappegard
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- 1) Transmittal Form / 1 Page
- 2) Fee Transmittal for FY 2003 / 1 Page
- 3) Petition for Extension of Time / 1 Page
- 4) Amendment After Final / 6 Pages

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/374,967
		Filing Date	08/16/1999
		First Named Inventor	Kanwarpal S. Dhugga
		Art Unit	1638
		Examiner Name	Kubelik, Anne R.
Total Number of Pages in This Submission	9	Attorney Docket Number	0884

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kathryn K. Lappegard
Signature	<i>Kathryn K. Lappegard</i>
Date	September 26, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kathryn K. Lappegard	Date	September 26, 2003
Signature	<i>Kathryn K. Lappegard</i>		

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FEE TRANSMITTAL for FY 2003 Effective 01/01/2003. Patent fees are subject to annual revision.		Complete if Known	
		Application Number	09/374,967
		Filing Date	08/16/1999
		First Named Inventor	Kanwarpal S. Dhugga
		Examiner Name	Kubelik, Anne R.
		Art Unit	1638
		Attorney Docket No.	0884
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		110	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 16-1852 Deposit Account Name: Pioneer Hi-Bred International, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1051</td> <td>130</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1052</td> <td>50</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1251</td> <td>110</td> <td>Extension for reply within first month</td> <td>110</td> </tr> <tr> <td></td> <td></td> <td>1252</td> <td>410</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1253</td> <td>530</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1254</td> <td>1,450</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1255</td> <td>1,970</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1401</td> <td>320</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1402</td> <td>320</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1403</td> <td>280</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1462</td> <td>110</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kathryn K. Lappegard	Registration No. (Attorney/Agent)	48,857
Signature	<i>Kathryn K. Lappegard</i>	Telephone	(515) 253-5707
		Date	September 25, 2003

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